

SECTION M—THERAPEUTIC BEHAVIORAL SERVICES

IN COMPLIANCE

INSTRUCTIONS TO REVIEWERS

CRITERIA

Y N

COMMENTS

MUST MEET BOTH A & B BELOW)

A. CERTIFIED CLASS

1.	Is the child/youth a member of the certified classes who meets one of the following:			<u>NOTE:</u> This documentation need not be in the chart
1a.	Child/youth is placed in a group home facility of RCL 12 or above and/or locked treatment facility for the treatment of mental health needs? or			
1b.	Child/Youth is being considered by the county for placement in a facility described in 1a? or			<u>NOTE:</u> “Being considered” is defined by the county <ul style="list-style-type: none"> Ask MHP how “being considered” is defined
1c.	Child/Youth has undergone, at least, one emergency psychiatric hospitalization related to his/her current presenting disability within the preceding 24 months? or			
1d.	Child/Youth previously received TBS while a member of the certified class?			<ul style="list-style-type: none"> Review prior TBS notification or other documentation
	<i>DMH Letter No. 99-03, pages 3-4.</i>			<u>OUT OF COMPLIANCE:</u> Beneficiary is not a member of the certified class listed in 1a-d

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B. NEED FOR THIS LEVEL OF SERVICES

2.	Is there documentation that the child/youth needs TBS for the following reasons (must meet both 2a & 2b):			
2a.	<p>It is highly likely in the clinical judgment of the mental health provider that without additional short term support of TBS:</p> <ul style="list-style-type: none"> • The child/youth will need to be placed in a higher level of residential care, including acute care, because of changes in the child/youth's behaviors or symptoms that places a risk of removal from the home or residential placement? or • The child/youth needs this additional support to transition to a lower level of residential placement or return to the natural home? 			<p><u>NOTE:</u> Although the child/youth may be stable in the current placement, TBS is appropriate if a change in the behavior or symptoms is expected and TBS is needed to stabilize the child in the new environment</p> <ul style="list-style-type: none"> • Look for documentation in the chart that a change in the behavior or symptoms is expected or causing the placement to be in jeopardy
2b.	<p>The child/youth is receiving other specialty mental health services?</p> <p><i>DMH Letter No. 99-03, page 4.</i></p>			<p><u>OUT OF COMPLIANCE:</u> Beneficiary does not meet both 2a and 2b criteria</p>

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C. TBS TREATMENT/CLIENT PLAN/ORGANIZATIONAL DOCUMENT

3.	<p>Is there documented evidence that services are provided under the direction of a licensed practitioner of the healing arts (LPHA)?</p> <p><i>DMH Letter No. 99-03, page 5.</i></p>		<p>NOTE: See DMH Letter No. 01-02 for ways direction may be provided</p> <ul style="list-style-type: none"> LPHA includes: Physicians, licensed/waivered psychologists, licensed/registered/waivered social workers, licensed/registered/waivered Marriage and Family Therapists, and RNs Look for the signature or other documents that may satisfy this requirement <p>OUT OF COMPLIANCE: Services are not being provided under the direction of an LPHA</p>
4.	<p>Is the TBS plan a component of the overall treatment/client plan?</p>		<ul style="list-style-type: none"> Review treatment/client plan If the overall treatment plan has been developed by another entity outside of the MHP's specialty mental health service provider network (i.e. private insurance provider) review evidence that the MHP is coordinating care or attempting to coordinate care with that provider as provided by the MHP. Such evidence might include a description, written or verbal, of the coordination contacts

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				OUT OF COMPLIANCE: The TBS plan is not a component of the overall treatment/client plan or, if the required specialty mental health services are provided by an entity other than the MHP, there is no evidence that the MHP is coordinating care or attempting to coordinate care with an entity outside of the MHP's specialty mental health service provider network (i.e. private insurance provider) who has responsibility for the overall treatment plan
	<i>DMH Letter No. 99-03, page 6.</i>			
5.	Does the TBS plan contain the following (must contain 5a-e):			NOTE: Focus on presence of elements 5a-e
5a.	Specific target behaviors or symptoms that are jeopardizing the current place of residence or presenting a barrier to transitions, e.g., temper tantrums, property destruction, assaultive behavior in school?			<ul style="list-style-type: none"> Review TBS plan
5b.	Specific interventions to resolve behaviors or symptoms, such as anger management techniques?			
5c.	Specific outcome measures that can be used to demonstrate that the frequency of targeted behaviors has declined and has been replaced by adaptive behaviors?			
5d.	A transition plan from the inception of TBS to decrease or discontinue TBS when these services are no longer needed or when the need to continue TBS appears to have reached a plateau in benefit effectiveness?			<ul style="list-style-type: none"> Review the TBS plan for evidence in the initial treatment plan of a timeline for reviewing the partial or complete attainment of behavioral benchmarks

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5e.	The manner for assisting parents/caregivers with skills and strategies to provide continuity of care when the service is discontinued?			<ul style="list-style-type: none"> Review the TBS plan for evidence in the initial treatment plan that describes how parents/caregivers will be assisted with skills and strategies to provide continuity of care when the service is discontinued or a timeline for developing how parents/caregivers will be assisted <p><u>OUT OF COMPLIANCE:</u> No TBS plan; TBS plan does not contain the components 5a-e</p>
	<i>DMH Letter No. 99-03, page 6.</i>			
6.	Is there documented evidence of a monthly review of the TBS plan by the MHP or its designee to ensure that TBS continue to be effective for the beneficiary in making progress towards the specified measurable outcomes?			<ul style="list-style-type: none"> Review documentation Review charts of TBS open longer than thirty days for evidence of assessment for effectiveness <p><u>OUT OF COMPLIANCE:</u> No documentation of monthly review</p>
	<i>DMH Letter No. 99-03, page 6.</i>			
7.	Is there documented evidence that TBS is discontinued when:			<ul style="list-style-type: none"> Check progress notes or other documentation
7a.	The identified behavioral benchmarks have been reached? or			
7b.	Progress towards the behavioral benchmarks is not being achieved and is not expected to be achieved in the clinical judgment of the MHP/provider?			
	<i>DMH Letter No. 99-03, page 5.</i>			<u>OUT OF COMPLIANCE:</u> TBS is not discontinued when 7a or 7b applies

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8.	Is there documented evidence that TBS is adjusted or decreased when progress is documented? <i>DMH Letter No. 99-03, page 5.</i>			<ul style="list-style-type: none"> Check progress notes or other documentation <p><u>OUT OF COMPLIANCE:</u> TBS is not decreased or adjusted when progress is documented</p>
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D. PROGRESS NOTES

9.	Do progress notes document the following (must meet 9a-c):			<u>NOTE:</u> A note is required for each time period the provider spends with the child
9a.	The date/time period TBS was provided?			<u>NOTE:</u> The time of services may be a progress note by contact/shift
9b.	A signature (or electronic equivalent) of the staff providing the service with job title, and, if applicable, license or professional degree?			
9c.	Writing that is legible? <i>CCR, Title 9, Chapter 11, Section 1810.440(c); DMH Letter No. 99-03, pages 6-7; MHP Contract with DMH, Attachment C.</i>			<u>OUT OF COMPLIANCE:</u> Progress notes for TBS are not in compliance with 9a-c

E. SERVICE ACTIVITY

10.	Is there documented evidence that the TBS plan and/or progress notes are focused on resolution of target behaviors or symptoms which:			<ul style="list-style-type: none"> Review TBS plan and progress notes
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10a.	Jeopardize the existing placement? or			<u>OUT OF COMPLIANCE:</u> Evidence that the TBS plan and/or progress notes are not focused on resolution of target behaviors and symptoms which jeopardize existing placements or which are a barrier to transitioning to a lower level of care
10b.	Are a barrier to transitioning to a lower level of residential care and completion of specific treatment goals?			
	<i>DMH Letter No. 99-03, page 5.</i>			
11.	Regarding Therapeutic Behavioral Services:			<u>NOTE:</u> Due ongoing to DMH <u>NOTE:</u> Team Coordinator is to obtain listings (TBS beneficiaries and NOAs) from the DMH prior to the review and compare the DMH's listings to the MHP's listings of TBS beneficiaries and NOAs
11a.	Does the MHP submit the required notification information to the DMH within 30 days of commencing TBS services to a beneficiary?			<ul style="list-style-type: none"> Review MHP's list of TBS beneficiaries
11b.	When applicable, has the MHP been submitting update notification(s) quarterly to DMH?			<u>NOTE:</u> Applicable when services exceed three months <ul style="list-style-type: none"> Review MHP's list of TBS beneficiaries
11c.	Does the MHP submit to the DMH a copy of each TBS Notice of Action within 30 days of issuance?			<ul style="list-style-type: none"> Review MHP's list of TBS NOAs
11d.	Regarding certification forms, does the MHP:			<u>Note:</u> A certification form declares TBS was considered prior to the youth's placement in certain higher levels of care
	1) Submit the certification forms to the DMH?			
	2) Maintain the forms in the county?			
	<i>DMH Policy Letter Nos. 99-03 and 01-03.</i>			<u>OUT OF COMPLIANCE:</u> MHP not submitting notification, NOA, and certification forms to DMH as required